

✓
MEDICAL JOURNAL
AUG 1927

CALIFORNIA STATE BOARD OF HEALTH

Weekly

Bulletin

GEORGE E. EBRIGHT, M.D.
PRESIDENT

FRED F. GUNDRUM, M.D.
VICE PRESIDENT

A. J. SCOTT, JR., M.D.



EDWARD F. GLASER, M.D.

ADELAIDE BROWN, M.D.

ROBERT A. PEERS, M.D.

WALTER M. DICKIE, M.D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. VI, No. 24

July 23, 1927

GUY P. JONES
EDITOR

**Mussels Placed
Under Quarantine.**

The following quarantine order was issued by the California State Board of Health July 18, 1927:

"Due to a number of deaths and the prevalence of cases of poisoning from eating mussels at this particular time, all mussels in the State of California are hereby quarantined, and all health officers and food inspectors are hereby instructed to enforce this quarantine and to prohibit the sale or offering for sale of mussels in the State of California until further notice.

Walter M. Dickie, M.D.,
Secretary, California
State Board of Health."

Because of the appearance of at least 28 cases of poisoning with 6 deaths it became necessary for the above order to be issued. The mussels responsible for these cases and deaths are said to have been gathered at Pescadero and Princeton beaches in San Mateo County, Dillon's Beach in Marin County and along the coast of Sonoma County. The California State Board of Health in cooperation with the Hooper Foundation for Medical Research, Dr. Karl F. Meyer, Director, is conducting an investigation into the exact cause of the poisoning. At the present time there is no information available regarding the true nature of the poison. There are few instances of similar cases of poisoning but outbreaks have occurred in California before. The last such outbreak to be

recorded was in July of 1917. Following is a report of the investigation made at that time:

**INVESTIGATION OF POISONING BY MUSSELS
AT SANTA CRUZ.**

On July 16, 1917, two persons, Mr. C. and daughter, age five, died at Santa Cruz after having eaten heartily of the California black mussel, *Mytilus californianus*.

The circumstances were as follows: Two families, C. and M., respectively, from Stockton, California, were spending their vacation at Santa Cruz. The first family consisted of the parents, a son of 17, a daughter of 5, and niece; the second, the parents and a son of about 17. At low tide on the morning of July 16 these parties gathered a quantity of mussels from a rock near Santa Cruz, where mussels are in the breakers and range upward toward high tide level. The mussels were cooked and eaten at about 11.00 in the morning and were therefore perfectly fresh, C. ate very heartily, consuming three or four dozen, it is said. M. and his wife noticed a peculiar "metallic" taste to the mussels and ate sparingly. Two hours after the meal the first symptoms appeared. Numbness at the tip of the tongue, and numbness and tingling of the finger ends, then lack of coordination appeared, the patients reaching for objects which they invariably missed. Dizziness, incoherence of speech and paralysis set in. The physician was summoned at 3 o'clock and the daughter, aged 5, died shortly thereafter. C. died at about 6.30 that evening at the hospital. In both cases, the

respiratory centers were affected before the circulatory centers, the heart continuing to beat some minutes after the cessation of breathing. Mrs. C. showed no symptoms until 3.30, then had a sudden, but not fatal, attack. The two boys had eaten heartily of other foods after their meal of mussels and were slightly affected, as were also M. and his wife. Other symptoms noted by all who ate of the mussels were constriction of the throat, some distress at chest, and stiffness of the neck muscles, and a sensation described as "the teeth being set on edge." The following day there was some pain in the back of the head.

It is also reported that a party of five persons had been made ill by mussels a few days prior to these fatal cases.

The symptoms shown in these cases are similar to those observed in an instance of wholesale poisoning by mussels at Wilhelmshaven, Germany, in 1885.

With the cooperation of Dr. H. E. Piper, Health Officer of Santa Cruz, and Mr. E. P. Rankin, of the United States Bureau of Fisheries, this case has been investigated at Santa Cruz and a series of experiments have been carried on with culture animals in the laboratories of the Bureau of Communicable Diseases by Miss V. M. Bathgate, with a view to determining the extent of the occurrence of poisonous mussels and of means of detecting their presence. The results of these investigations, which are still in progress, indicate that poisonous mussels are found near Santa Cruz at a single locality and at the highest levels above low tide. The mussels from this same locality at lower levels have not been found to be poisonous and the mussels from other localities in the neighborhood have proved to be entirely harmless. There is some indication that the poisonous effect of mussels has decreased in virulence since July.

This case of poisoning indicates the desirability of caution in using mussels collected from the highest tide levels. It is possible to detect the poisonous nature of the mussels by feeding the cooked bodies to dogs. In case the mussels are poisonous, vomiting and indications of lack of coordination appear in the dogs. When a light meal of mussels has been given to the animal, recovery follows within a few hours.

Community Outings Must Be Made Safe.

The traveler along western highways, or any highways in the United States for that matter, is impressed with the enormous number of camping parties encountered on the road. He is also bound to be impressed with the large numbers of children among these campers. If it were possible to question each traveling group it would be determined, no doubt, that the chief objective of each camping party is to provide the children with an outing. That life in the open is beneficial to children, young and old, is certain and that camping brings certain hazards to the health of all participants is also true. How to camp and keep well is, in reality, a simple matter if the rules are known and followed implicitly. A single violation of the rules may result in disaster, however. Taking a chance, like drinking water from any wayside stream, for instance, may result in contracting typhoid fever with its train of suffering, possible death and heavy expense.

There are two types of camping trips that are common, each of which involves common hazards to child health—the family outing and the community outing, which latter has increased tremendously in popularity during recent years.

The community outing, sponsored by recreational departments of many of the larger municipalities and by welfare organizations, has gained greatly in popularity. Many of these outings are for children only, without their parents. In such cases, the responsibility for the provision of pure water and food, screening against flies and mosquitoes, rests with the managers of the camps. In those municipal camps where whole families spend their vacations at a city-owned camp, the responsibility is likewise upon the directors of the institution. The health hazards involved, in so far as sanitation is concerned, are no different from those encountered on the family outing. There is an added and important hazard, however, where large numbers of children are gathered together from all parts of a city and that is the hazard of contracting contact diseases, such as diphtheria, smallpox, measles, whooping cough, scarlet fever, etc. Parents of children who go on these outings should see that they are vaccinated against smallpox and immunized against diphtheria be-

fore starting from home. These procedures will provide sufficient safeguard against these diseases. Children may also be immunized against typhoid fever. While the water supplies in these community camps is always safeguarded, there may be hazards in eating food prepared by possible typhoid carriers and milk not produced under sanitary conditions always presents a health hazard of the first order. The managers of these camps, however, are generally alert in the provision of pure milk supplies and they, in many cases, require the physical examination of all food handlers employed in the camps, so as to eliminate all possible carriers.

While these precautions may seem arduous and unnecessary to many readers, experience has proved that they must be observed carefully if health on a camping trip is to be maintained with any degree of assurance. Pure water, pure food, freedom from insects, proper disposal of all camp wastes, care with fire and a contented, happy frame of mind are all essential to the success of any camping expedition. Without these essentials, all of which are readily obtained, any trip is doomed to be a failure to all concerned.

Glenn County Has New Health Officer.

Dr. F. M. Lawson, of Willows, succeeded Dr. Etta S. Lund on June 14th as Health Officer of Glenn County.

You know the model of your car,
You know just what its powers are,
You treat it with a deal of care,
Nor tax it more than it will bear.
But as to Self—that's different;
Your mechanism may be bent,
Your carburetor gone to grass,
Your engine just a rusty mass.
Your wheels may wobble and your cogs
Be handed over to the dogs.
And you skip and skid and slide
Without a thought of things inside.
What fools, indeed, we mortals are,
To lavish care upon a car,
With ne'er a bit of time to see
About our own machinery.

—John Kendrick Bangs.

New Health Officer At San Bernardino.

Dr. Ivan K. Finkelberg has been appointed City Health Officer of San Bernardino to succeed Dr. C. C. Owen. Dr. Finkelberg began his new duties on the first of June.

Sewage Disposal Permits Pending.

The following applications for sewage and waste disposal permits are pending before the State Board of Health, final action to be taken at the next regular meeting of the Board, August 6, 1927, Room 727, Forum Building, Sacramento:

LOS ANGELES AND SANTA MONICA.—An application for permit to construct an outfall sewer system to dispose of sewage from Pacific Palisades, Santa Monica and Venice, into the North Outfall Sewer System of Los Angeles.

SACRAMENTO, SACRAMENTO DEVELOPMENT COMPANY.—An application for permit to dispose of the sewage and industrial waste of a 50-ton per day sulphite pulp mill, a 3300-pound per day rayon silk mill, and the sewage of a community of 2000 persons, into the Sacramento River just above Freeport.

"The older generation should not sit too smugly in Zion. It is not so sure of its own virtue that it can condemn youth utterly. Conditions of life are getting harder all along, and getting harder earlier. Everyone with any brains at all is entitled to his own opinion, and it is one of the curses of civilization that we follow people's ideas too much and do not question enough."—David Starr Jordan.

MORBIDITY.*

Diphtheria.

76 cases of diphtheria have been reported, as follows: Albany 2, Berkeley 2, Oakland 5, Butte County 1, Chico 1, Fresno County 1, Los Angeles County 11, Long Beach 1, Los Angeles 24, Merced 1, Orange County 1, Auburn 2, Roseville 1, Sacramento 1, Hollister 1, San Bernardino 1, San Francisco 9, San Joaquin County 2, Santa Barbara 2, Solano County 2, Sonoma County 1, Stanislaus County 1, Red Bluff 2, Tulare 1.

Scarlet Fever.

57 cases of scarlet fever have been reported, as follows: Alameda 1, Berkeley 1, Oakland 8, Butte County 1, Chico 2, Richmond 1, Los Angeles County 4, Long Beach 1, Los Angeles 10, Pasadena 2, Whittier 3, Mill Valley 1, Fullerton 1, Santa Ana 1, Banning 1, Riverside 1, Sacramento 1, San Diego 1, San Francisco 4, San Joaquin County 1, San Mateo County 1, Santa Barbara County 1, Santa Barbara 1, Santa Clara County 5, Tulare County 1, Sonoma 1, Woodland 1.

Measles.

127 cases of measles have been reported, as follows: Alameda 1, Berkeley 1, Livermore 1, Oakland 7, Fresno 1, Inyo County 2, Los Angeles County 12, Alhambra 4, Covina 2, La Verne 1, Long Beach 1, Los Angeles 15, Pasadena 1, Pomona 3, Sierra Madre 1, Lynwood 1, Monterey Park 1, Marin County 1, Salinas 2, Fullerton 1, Huntington Beach 1, Orange 2, Banning 1, Riverside 7, Redlands 1, San Diego County 8, National City 1, Ocean-side 3, San Diego 12, San Francisco 12, San Luis Obispo County 9, Santa Barbara County

*Reports received July 18th and 19th, for the week ending July 16th, 1927.

8, Palo Alto 1, Tuolumne County 1, Yolo County 1.

Whooping Cough.

146 cases of whooping cough have been reported, as follows: Alameda 5, Albany 1, Berkeley 7, Oakland 8, Piedmont 1, Butte County 1, Lemoore 2, Los Angeles County 6, Alhambra 2, Claremont 4, Compton 1, Long Beach 6, Los Angeles 11, Monrovia 1, Pasadena 2, San Fernando 2, San Gabriel 3, Lynwood 2, Monterey Park 1, Orange County 5, Anaheim 1, Riverside 5, Sacramento 5, San Diego County 2, San Diego 37, San Joaquin County 3, Stockton 2, San Luis Obispo County 3, Palo Alto 2, Sonoma County 1, San Francisco 14.

Smallpox.

19 cases of smallpox have been reported, as follows: Oakland 9, Pomona 3, Monterey County 1, Elsinore 2, Sacramento County 1, Sacramento 2, Stanislaus County 1.

Meningitis.

One case of meningitis reported from Los Angeles and one from Presidio at San Francisco.

Food Poisoning.

One case of food poisoning reported from Los Angeles.

Malta Fever.

One case of malta fever reported from Los Angeles County.

Malaria.

One case of malaria reported from Berkeley.

Plague.

One case of plague reported from Contra Costa County.

Typhoid Fever.

20 cases of typhoid fever have been reported, as follows: Contra Costa County 2, Fresno County 1, Los Angeles County 4, Covina 1, Los Angeles 1, Madera County 3, Orange County 1, Auburn 2, Roseville 1, Sacramento County 1, San Joaquin County 2, Stanislaus County 1.

Poliomyelitis.

48 cases of poliomyelitis have been reported, as follows: Berkeley 2, Oakland 3, Fresno 3, Selma 1, Kern County 3, Bakersfield 2, Los Angeles County 3, Huntington Park 3, Long Beach 2, Los Angeles 7, Napa County 1, Placer County 1, Sacramento County 2, Redlands 3, San Francisco 3, San Joaquin County 1, Stockton 2, Burlingame 1, Daly City 1, Santa Clara County 1, Mountain View 1, Santa Cruz County 1, California 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending July 16 received by July 19	Week ending			Reports for week ending July 17 received by July 20
	June 25	July 2	July 9		June 26	July 3	July 10	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	177	139	88	116	138	118	100	67
Diphtheria	100	75	71	75	104	114	103	91
Dysentery (Bacillary)	1	2	2	4	3	252	2	1
Encephalitis (Epidemic)	2	0	2	0	1	6	1	2
Food Poisoning	0	0	0	1	0	0	0	0
Gonococcus Infection	71	102	119	93	67	111	94	111
Influenza	13	10	9	12	1	5	3	4
Jaundice (Epidemic)	0	0	0	0	0	0	0	0
Leprosy	1	0	0	0	0	0	1	0
Malaria	1	0	1	1	2	1	3	1
Malta Fever	0	1	0	1	0	0	0	0
Measles	420	263	217	139	357	330	270	228
Meningitis (Epidemic)	3	3	8	2	3	6	7	4
Mumps	100	75	37	38	133	83	81	66
Paratyphoid Fever	1	2	1	0	0	1	1	1
Pneumonia (Lobar)	34	30	33	25	31	89	14	22
Plague	0	0	0	1	0	0	0	0
Poliomyelitis	27	18	32	48	4	3	4	2
Rabies (Animal)	4	4	2	5	9	2	11	5
Rabies (Human)	0	0	0	0	1	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	115	89	59	57	133	90	73	63
Smallpox	8	11	11	19	16	6	17	21
Syphilis	76	121	122	128	72	148	145	106
Tetanus	3	3	1	2	1	0	0	2
Trachoma	2	0	3	1	3	0	0	2
Trichinosis	0	0	0	0	0	0	1	0
Tuberculosis	212	145	208	181	180	219	148	173
Typhoid Fever	16	14	15	20	26	24	31	12
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	153	124	169	146	94	62	65	63
Totals	1540	1231	1210	1115	1379	1670	1175	1047